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Bib Data Sheet

CONFIRMATION NO. 5730

SERIAL NUMBER 09/840,485	FILING DATE 04/23/2001 RULE	CLASS 424	GROUP ART UNIT 1645	ATTORNEY DOCKET NO. AM100123
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** CONTINUING DATA *****

This appln claims benefit of 60/199,435 04/25/2000
and claims benefit of 60/278,695 03/26/2001

} K.S.

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/11/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	KS	0	25	6
Verified and Acknowledged <u>K.S.</u> Examiner's Signature Initials				

ADDRESS

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TITLE

Equine protozoal myeloencephalitis vaccine

FILING FEE

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees (Filing)
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)